

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM E-1075)

SERIAL NO.

10/536,463

FILING DATE

ATTORNEY(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/	*				
2							52		/				
3							53		/				
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40	/						90						
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44							94						
45							95						
46							96						
47	/						97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	6	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	49	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	55					